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## APPLICANTS

ALAIN H. ROOK, WYNNEWOOD, PA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/104,342 10/15/1998

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 11/04/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature	Initials			

## ADDRESS

KATHLEEN A. TYRRELL  
 LICATA & TYRRELL P.C.  
 66 E. MAIN STREET  
 MARLTON , NJ 08053

## TITLE

METHODS FOR TREATMENT OF CUTANEOUS T-CELL LYMPHOMA

FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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